

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from  
Lasenta Lewis-Ellis dba Need-A-Lift Transportation  
Services, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 426 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lasenta Lewis-Ellis

Telephone: (803)409-8100

Address: 377 Grandview Circle  
Columbia, SC 29229

Fax: (803)699-9641

Other:

Email: lellis@needa

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application – Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

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Submitted by: Lasenta Lewis-Ellis

Telephone: (803) 409-8100

Address: 377 Grandview Circle  
Columbia, SC 29229

Fax: (803) 699-9641

Other: \_\_\_\_\_

Email: lellis@needalift.biz

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED  
2008 NOV 13 PM 2:25  
PUBLIC SERVICE  
COMMISSION

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
Attn: Docketing Department  
101 Executive Center Drive  
Columbia, SC 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE November 12 , 20 08

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION  
OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Need-A-Lift Transportation Services, LLC

2. (a) Street Address of Applicant 377 Grandview Circle, Columbia, SC 29229

(b) Mailing address, if different from street address P.O. Box 2054, Columbia, SC 29202

(c) Telephone Number (803) 409-8100 Fed I

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

NEED-A-LIFT TRANSPORTATION SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 2nd, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
20th day of April, 2007.

A handwritten signature in black ink, reading "Mark Hammond", is written over a horizontal line.

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

MAR 02 2007

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Need-A-Lift Transportation Services LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is P.O. Box 2054

Street Address

Columbia 29202

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Lasenta D. Lewis-Ellis

Name

  
Signature

and the street address in South Carolina for this initial agent for service of process is

377 Grandview Circle

Street Address

Columbia 29229

City

Zip Code

4. The name and address of each organizer is

(a) Lasenta D. Lewis-Ellis

Name

377 Grandview Circle, Columbia

Street Address

City

South Carolina 29229

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

070302-0263

FILED: 03/02/2007

NEED-A-LIFT TRANSPORTATION SERVICES LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) Lasenta D. Lewis-Ellis  
Name  
377 Grandview Circle, Columbia  
Street Address City  
South Carolina 29229  
State Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(c) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(d) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

*Lasanta Gentry-Elle*

Date 03-02-07

(Add Additional lines if necessary)

#### **FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211

#### **NOTE**

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: November Year: 2008

<b>Assets:</b>		
Cash	\$100.00	
Receivables	\$800.00	
Real Estate		
Buildings and Equipment-Net		
Motor Vehicles-Net	\$30,000.00	
Garage Equipment-Net		
Machinery and Tools-Net		
Supplies on Hand	\$100.00	
Prepays and Other Assets		
Total Assets	\$31,000.00	
<b>Liabilities and Equity:</b>		
Accounts Payable	\$1,000.00	
Notes Payable		
Mortgages Payable		
Equipment Obligations	\$30,000.00	
Accrued Salaries and Wages	\$0.00	
Other Accrued Obligations		
Other Liabilities		
Total Liabilities	\$31,000.00	
Capital Stock	\$0.00	
Retained Earnings	\$0.00	
Total Equity	\$0.00	
Total Liabilities and Equity	\$31,000.00	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Lasenta Lewis-Ellis, Owner  
(Name of Applicant's Representative) (Title)

of Need-A-Lift Transportation Services, LLC, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

This the 12<sup>th</sup> day of Nov 2008

Michelle J. [Signature]  
(Notary Public)

My Commission Expires October 1, 2018

Lasenta Lewis-Ellis  
(Signature of Applicant's Representative)

Commission Expires: \_\_\_\_\_



**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant   Need-A-Lift Transportation Services, LLC  

For the transportation of passengers as follows:

Area to be served:   Statewide  Number of passengers (Per Vehicle):   15 (Including Driver)  Fares:   \$5.00 - \$80.00 One-Way (depending on mileage)  Date   November 12, 2008     Lasenta Lewis-Ellis    
By  Owner    
Title

Rev.10/03



## INSURANCE QUOTE

The following insurance quote is for:

Need-A-Lift Transportation Services, LLC

(Name of Motor Carrier)

P.O. Box 2054, Columbia, SC 29202

(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance \$1,000,000.00

The above quoted premium is for a term of 12 months.

### Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

United Financial Casualty Company (The Brunetto Agency - (803) 699-3007)

(Insurance Company Name)

P.O. Box 94739, Cleveland, OH 44101

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

November 12, 2008

Date

  
(Authorized Insurance Company Representative)

4/27/07

**EXHIBIT FWA**

**Name:** Need-A-Lift Transportation Services, LLC (Lasenta Lewis-Ellis)

**Address:** P.O. Box 2054, Columbia, SC 29202

**Telephone No.** (803) 409-8100 **Fax No.** (803) 699-9641

**U.S.D.O.T. No.** \_\_\_\_\_ **ICC No.** \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Lasenta Lewis-Ellis  
(Applicant's Signature)

Sworn to before me

At \_\_\_\_\_

This 12<sup>th</sup> day of Nov, 2008

Michelle Foster  
(Notary Public)

Commission Expires: October 1, 2018